

ANNUAL REPORT 1984-85

Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION



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LETTER OF TRANSMITTAL

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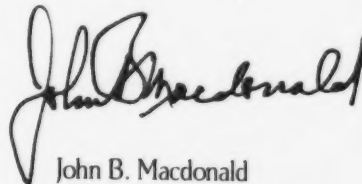
THE HONOURABLE MURRAY ELSTON

MINISTER OF HEALTH

PROVINCE OF ONTARIO

The Alcoholism and Drug Addiction Research Foundation, of which I have the honour to be chairman, is pleased to submit through you to the Members of the Provincial Legislature this report on the Foundation's activities in the year ending March 31, 1985.

Respectfully yours,

A handwritten signature in dark ink, appearing to read "John B. Macdonald". The signature is fluid and cursive, with the first name "John" and last name "Macdonald" clearly distinguishable.

John B. Macdonald
Chairman
Alcoholism and Drug
Addiction Research Foundation

September 30, 1985



Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION



ANNUAL REPORT
1984-1985

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COMMENT FROM THE PRESIDENT

There is sometimes a tendency for organizations to look at themselves only from the point of view of their activities; they concentrate almost exclusively on what it is they do.

Obviously that is part of our approach too; but we have moved beyond that — to concentrate on the people for whom we do it.

In business terms, you could say we have become customer oriented rather than product oriented. We don't just look at what we produce; we look at the people for whom we produce it. We don't just focus on our output; we concentrate on our impact.

This is one of the factors that makes the Foundation special. While many other organizations conduct research, few proceed beyond that. They publish their results, then leave it to others to find a way of putting those results to use.

The Foundation takes that vital step. It makes sure that the results of its research are used — used to develop practical, workable programs to benefit, either directly or indirectly, all the people of Ontario.

Our research results (along with the results of others) provide a solid base for the drug- and alcohol-addiction treatment programs that we offer; for the information on drugs

and alcohol that we distribute to professionals in the field, to schools, and to the public at large; and for the advice that we offer to municipal and regional policy makers across the province, as well as to the provincial and federal governments.

This is another characteristic that sets the Foundation apart. Its treatment programs, its information, and its policy recommendations are all based on, and are consistent with, scientific findings. We do not approach what we do from a pre-determined moral, religious, ideological, or doctrinal stance. Instead, we are objective and factual; we are, in essence, scientific.

Furthermore, the Foundation's community-based staff and its regional offices get feedback from the communities they serve, feedback that is then used in program development. So our "customers" are integrally involved; our programs generate responses, which are then fed back into further program development.

Research and treatment have been part of our mandate since the Foundation was established in 1949. In 1955, a third function was added: the dissemination of information.

To this end, we work to promote positive lifestyles among the people

of Ontario — lifestyles that prevent the development of alcohol- and drug-addiction problems.

Increasingly, this preventive element of our work is gaining momentum. It is in line with the growing recognition that health care is very much a personal responsibility — not just a community one. So it is gradually attracting a larger share of our resources.

For one thing, prevention eliminates the human suffering that invariably results from addiction. And for another, it reduces the cost burden of addictions on the community.

The Foundation has calculated the cost to Ontario of problems associated with just one substance — alcohol. Five main areas of cost stand out: hospital treatment of illnesses that are alcohol related; loss of labor productivity; accidents involving people who have been drinking; law enforcement and judicial costs; and social welfare costs.

In 1981, the most recent year for which figures are available, these costs totalled close to \$1.6 billion. This represents an enormous loss of resources — leaving aside the problems for business and industry and the waste in human terms, which is, of course, incalculable.

In 1984-85, the Foundation expanded its preventive efforts, reaching out to a wide range of target

groups. It produced videos for school children; held student and public forums; introduced a program for university students; and worked with school boards and parent groups to develop more powerful prevention strategies.

For the public at large, it expanded its Dial-A-Fact program; developed new, targeted publications; and introduced a preventive element into programs (such as the workplace programs) that had been mainly treatment oriented.

Many of these and other programs are described in detail elsewhere in this annual report.

In addition, the Foundation worked closely with the mayors' committees that have been set up across Ontario in response to the Attorney-General's Countermeasures program to tackle the problems associated with drinking and driving.

The Foundation is unique in its province-wide support and assistance to the committees.

The Foundation's treatment-focused services too are resulting in large savings for the province.

Think for a moment just about people with alcohol problems. An ARF survey showed that, in 1983, some 68,600 people received help for their problems through specialized addiction services in Ontario. (That number represents about one-third of the province's alcoholic population that year — a much higher proportion than in previous years and a

strong endorsement of the Foundation's treatment service development in communities across the province.)

The new services have been developed with an emphasis on the continuum of care and with a special focus on assessment, case management, and outpatient and day treatment services. The cost to the province of providing services to those 68,600 people was \$49.5 million. However, if the same 68,600 people had been treated in conventional residential care — the kind that would likely have proliferated without the work of the Foundation — then the cost to the province would have approached \$200 million.

Such increased access to services coupled with major savings to the province are impressive. Further savings will become evident as the Foundation's work continues.



Joan A. Marshman

THE FOUNDATION

The Alcoholism Research Foundation was established by the Ontario government in 1949 to undertake research and treatment in the area of alcoholism. In 1961 the mandate was broadened to include other substance dependencies, and the name was formally changed to the Alcoholism and Drug Addiction Research Foundation.

By statute, the Foundation's mandate covers three areas: research, treatment, and information dissemination. The effectiveness of its service to the people of Ontario results from the integration of those three areas: that is, treatment methods and information programs rely on sound research; research

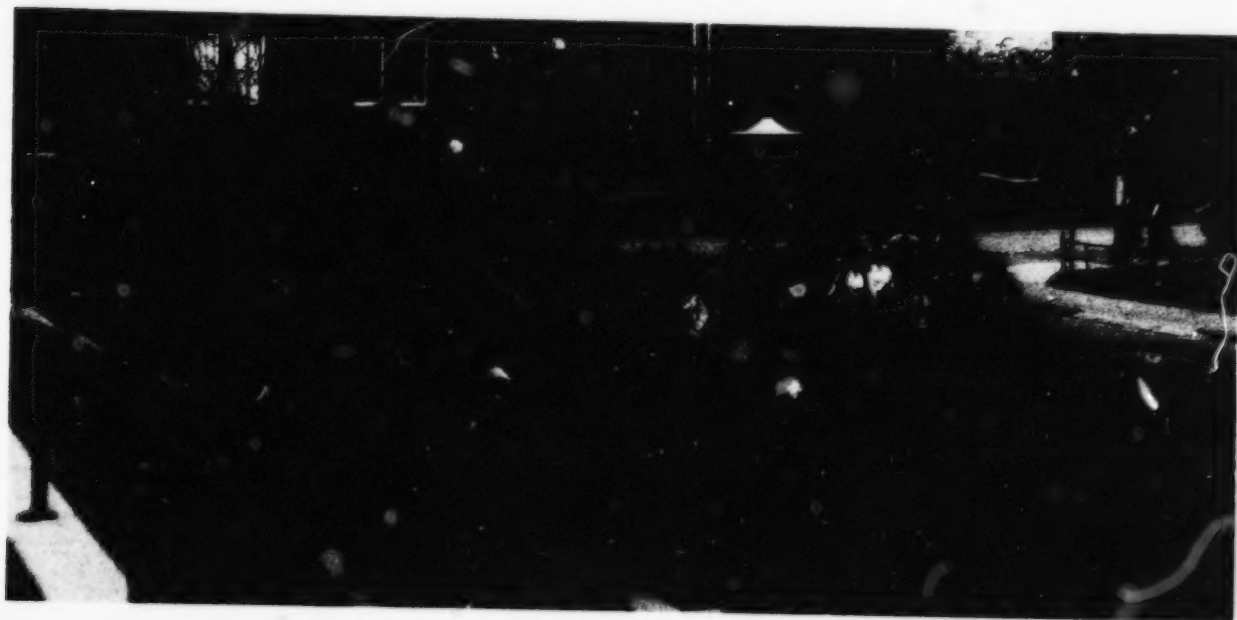
responds to issues emerging in the development of treatment methods; and so on.

In the next section of this report, summaries are given of many of the programs that ARF staff were working on during the period April 1984 to March 1985. These are grouped under headings representing areas of activity that have been identified as having high priority in terms of the Foundation's ability to have a genuine impact on alcohol and other drug problems.

Structurally, the programs of the Foundation are carried out through five divisions: the Clinical Institute; Social and Biological Studies; Education Resources; the School for

Addiction Studies; and Community Services (formerly Regional Programs). In a later section of this report, the focus of activity of each of these divisions is summarized.

The following accounts of programs and activities given are, of course, necessarily brief. Further information on any aspect of the Foundation's work may be obtained from or through any of the Foundation offices (see page 46).



These young people were among the 2,250 secondary school students who attended educational forums at the Foundation.

PROGRAMS:
A MANDATE
FOR SERVICE



TREATMENT METHODS AND SYSTEMS

ARF's Medical Services Special in Ontario

The primary medical care and specialty medical services offered by ARF are the only ones in Ontario specifically directed to patients with alcohol and drug problems. These services provide medical care that is directly integrated with entry into long-term rehabilitation.

In 1984-85, there were 6,700 patient visits to ARF's emergency department, and 9,275 patient visits to the medical clinic. In addition, the number of admissions to the medical

ward rose to 510; that compares with 430 admissions in 1983-84 and 368 in 1982-83.

In 1984-85, the ARF medical ward, in collaboration with Toronto Western Hospital, introduced a teaching program for medical students. Forty-two third-year medical students from the Toronto Western Hospital were brought to the 20-bed ward; each one received a six-hour bedside teaching session. This session was designed to give the students exposure to alcohol- and drug-abusing patients who have medical problems. Also, it was a good oppor-

tunity to make the students aware of the facilities and services offered by ARF. Eight other students spent approximately one month in an "elective" period on the medical service.

During 1984-85 the Foundation's clinical staff had an article on prescription drug abuse accepted for publication by the Canadian Medical Association. The association's journal also carried an editorial by ARF on this topic. Another article that was published dealt with a new approach to the management of alcohol withdrawal seizures.

Papers and editorials like these are one of the ways the Foundation keeps other professionals in the addictions field informed about its work.

Also, the Foundation has prepared a Physician's Handbook to help doctors outside ARF to manage their patients' alcohol- and drug-related problems. This handbook will be jointly published by ARF and the Ontario Medical Association.



Admissions to the Foundation's medical ward were up 18% last year.

Two New ARF Programs Meet Top Community Needs

In 1982, the Waterloo District Health Council published an alcohol and drug needs-assessment study. It showed that the top two needs in the area were for assessment/referral and case management services.

In response to this study, ARF established the Waterloo Region Alcohol and Drug Assessment Service. This demonstration model project began operations earlier this year.

The service assesses patients to determine the extent to which they use drugs and alcohol and to identify other problems they are contending with. It then develops treatment plans for the patients and refers them to the agencies that can best help put those plans into action.

In addition, the service keeps in touch with the patients as their treatment plans are followed through. This "case management" aspect of the program helps prevent drop-out.

In the first three months of operation, 50 people used the service. Roughly half were self-referrals; the other half came to the service mainly through referrals from hospitals, physicians, and employers.

Also in 1984-85, ARF set up a similar demonstration assessment/referral and case management service in Lanark, Leeds and Grenville. This service was established with the support of the District Health Council.

Like the Waterloo service, the one in Lanark County has been operating for about three months. It has

helped some 40 people. About 30% of them were self-referrals; the others were mainly referred by physicians and social agencies.

These two services - in Waterloo and Lanark - are the only community-based assessment/referral services operated entirely by ARF. When they become more established, they will be promoted actively, through brochures sent to physicians and hospitals, and through open houses that will introduce the services to social agencies, industry and business, and the general public.

Employed Problem Drinkers Set Up Alumni Group

The Foundation offers a range of non-medical treatment interventions in addition to medical services. These sociobehavioral treatment services (as they are called) are directed toward the rehabilitation of patients with alcohol and other drug problems.

Assessment and primary care are provided to all clients using the sociobehavioral treatment services. In addition, a broad range of outpatient, day treatment, and inpatient services are available.

Altogether, during 1984-85 a total of 2,568 people entered the sociobehavioral treatment services system. The total level of services included 13,500 outpatient counsel-

ling visits, 7,434 patient days of day treatment, and 6,374 inpatient days of supportive care.

In 1984-85, the Foundation expanded one of its services - the highly successful employed problem drinkers' program. This program, shown to have an 80% success rate in a recent follow-up study, provides treatment for alcohol abusers whose problem is identified in the workplace. However, with growing evidence of an increase in the abuse of drugs other than alcohol in the work environment, the program has been modified to accommodate users of other drugs.

In addition, the Foundation has established an alumni group to strengthen the aftercare component of the employed problem drinkers' program. This group consists primarily of people who have graduated from the treatment program, but also includes some who are still involved in it. It therefore brings together people who are in different stages of rehabilitation, enabling those who have completed the program to assist and support those who have just begun treatment.

For program graduates, the group serves to extend the formal aftercare component of the program. The monthly meetings also supplement the aftercare by providing a social support resource, which is of particular benefit to those people who want to break a social pattern that may have been contributing to their drinking problem.



TREATMENT METHODS AND SYSTEMS

New Treatments Sought for Alcohol and Heroin Addiction

One of the challenges that has long been facing addiction researchers is to find a way to develop an animal model that accurately reflects alcohol addiction in humans. Such a model is needed because it would allow researchers to test new treatments before they are applied to people.

Until recently, alcohol-addiction models had a number of serious failings, mainly because animals would not voluntarily ingest the amounts of alcohol equivalent to those consumed by humans; nor would they take it under the right conditions.

In 1984–85, however, ARF researchers managed to induce rats voluntarily to ingest amounts of alcohol sufficient to promote tolerance and dependence and, possibly, organic damage. They thereby made major progress toward creating an animal model that can be applied to humans.

With this model, they can now begin to test drugs that might be useful in changing the drinking behavior of the rats and, eventually, of humans.

In a separate but related project, ARF researchers have been working with rats to determine which areas of the brain are involved in heroin addiction. In this project, rats learn to

press a lever to receive an infusion of heroin solution through a surgically implanted catheter.

Opiates (the class of drugs to which heroin belongs) produce a variety of effects in the central nervous system through action at particular sites (called receptors) in the brain. One of the effects they produce is a reinforcement of drug-taking behavior (which, in rats, means that they sustain the rats' lever-pressing behavior). However, it is not known which specific areas within the brain are involved in this behavior.

ARF researchers are therefore blocking opiate receptors at various areas in the brains of rats that have learned to administer heroin to themselves. By blocking these areas one at a time, and measuring the effect (if any) on the drug-taking behavior, it is possible to identify which areas are linked to opiate abuse.

Knowledge of these areas — and of the links between them — is a first step toward understanding how drugs of abuse acquire their addictive liability. It may lead to therapeutic interventions for drug and alcohol abuse.

Alcohol Dipstick Test Will Help Save Lives

In 1983, ARF developed an alcohol "dipstick" that can measure the amount of alcohol contained in body fluids such as blood, urine, and saliva.

The dipstick can save lives in, for example, the emergency rooms of hospitals, because it can indicate

alcohol levels in less than 60 seconds, rather than in the one to three hours that laboratory tests often take.

Also, the dipstick can provide an inexpensive, simple, and objective means of determining whether patients in a treatment program are complying with their treatment goals.

The dipstick developed in 1983 was effective for ethanol only. However, in 1984–85, ARF developed a second dipstick that can detect and measure methanol as well as ethanol. By using the two sticks together, it is possible to identify those patients who have also taken methanol.

Again, the speed with which the dipsticks work is likely to save lives, as methanol is highly poisonous and any delay in its detection — and hence in its treatment — can be fatal.

Also in 1984–85, ARF conducted a series of tests on the dipsticks that showed they have a better than 99% accuracy rate. In particular, they do not give a false positive result with any of the drugs most commonly used within the alcoholic population.

ARF is now completing a trial study to measure the effectiveness of the dipsticks when used by clinical staff in a treatment setting (which is how the dipsticks will eventually be used). Early results show the dipsticks are as effective in the field as they are in the laboratory setting.

Project Helps Nurses with Addiction Problems

Project Turnabout is a new program that provides a confidential support system, outside the workplace, that allows nurses with drug and/or alcohol problems to get the help they need. To enter the program, a nurse simply calls a Project Turnabout telephone number and arranges an appointment with a specially trained primary nurse.

The nurse's situation is assessed, and then an individualized plan of assistance is drawn up, using the most appropriate treatment resources in the community. All information the nurse discloses is held in the strictest confidence; it cannot be revealed without written consent.

Contact with the nurse is maintained as he or she goes through the treatment. There is also a period of follow-up assistance.

In addition, Project Turnabout allows concerned colleagues of nurses with suspected drug and/or alcohol problems to initiate a contact that will lead to those nurses' getting help. A colleague can contact Project Turnabout and ask that a particular nurse be assisted. Under these circumstances, at least one other colleague must confirm that the concerns are genuine.

Between November '83 and May '85, 79 RNs and RNAs presented themselves for treatment. The majority were self-referred, were employed, and were abusers of alcohol.

Computerized Test Data Speed Information Delivery

Since 1971, ARF has been testing for drugs and alcohol in the blood and urine samples of patients in the emergency departments of Ontario's hospitals. This centralized resource is used by about 60 hospitals around the province and provides a 24-hour service, seven days a week.

ARF can test for about 75 drugs and get the results to the hospitals within one to three hours. About 40 to 45 samples are received in each 24-hour period. No other facility in Ontario is able to offer this kind of service on such a scale.

In 1984-85, ARF computerized the data it collects on the tests it does, so it could provide better feedback to the hospitals. The data can be used by the hospitals as an indicator of drug use/abuse trends among their patient populations. Also, they can be used in educational programs that the hospitals develop for their own staff.



In its first seven months of operation, Project Turnabout assisted 79 RNs and RNAs who requested treatment.



PUBLIC EDUCATION

Dial-A-Fact Program Again a Major Success

The Foundation's Dial-A-Fact program was again a major success this year, partly because of its growing popularity and partly because of new initiatives to develop it further.

The Dial-A-Fact program provides information on a wide range of drug and alcohol topics, which people anywhere in Ontario can obtain by telephoning 1 800 387-2916 (or 595-6111 in Toronto) and asking to hear one of the taped messages.

These messages, objective and factual, average about five minutes each in length. They were first made available in Toronto, but have since been offered throughout the province via a toll-free number.

Consistently, the most frequently requested information relates to the use and abuse of cannabis, alcohol, cocaine, and caffeine.

In 1984-85, the number of messages was extended, with 14 new ones added, raising the total to 55 from 41. Also, the top 10 messages were, for the first time, made available in French as well as English. They can now be heard seven days a week from 9 am to 9 pm in English, and from 5 pm to 9 pm in French.

A total of 44,790 calls were made to Dial-A-Fact during the year in review — 18,863 from within Metro Toronto and 25,927 toll-free from around the province. (In the first five months of operation, during the previous fiscal year, the total

number of calls received was close to 16,000.)

In 1984-85, the service was promoted to Ontario residents through paid advertising, through public service announcements sent to 21 television stations, through 25 newspaper articles that were initiated by the Foundation, and through 10 radio interviews with ARF personnel.

In addition, the Foundation distributed 238,860 brochures promoting Dial-A-Fact throughout the province. The Liquor Control Board of Ontario agreed to display the brochures in its retail outlets. And 16 new sponsors agreed to help offset the costs of producing the brochures: Canada Packers Inc., Centre Hastings Secondary School, Confederation Life Insurance Co., Continental Can Canada, Dofasco Inc., DRG Inc., General Motors of Canada, The Independent Order of Foresters, Loblaw's, Maple Leaf Mills Limited, Procter and Gamble, Sunoco Inc., Texaco Canada Inc., and Thunder Bay Metro Lions Club.

Drinking/Driving Research Helps Shape Public Policy

For many years, ARF has worked hard to raise public awareness of the dangers of mixing drinking and driving; and it has played a major role in helping to formulate public policy in this area.

In 1984-85, ARF's drinking/driving research team — together

with ARF's Education Resources Division — collaborated with CHFI-FM, Global Television, the Metro Safety Council, and the Metropolitan Toronto Police to produce a month-long "Sober Driver" campaign, designed to make people more aware of the summer drinking/driving problem.

Noon news-broadcasts by CHFI and Global featured interviews with ARF personnel, as well as information on drinking and driving supplied by ARF. Each station produced a drinking/driving public service announcement. ARF produced three such announcements of its own. And all Toronto police cars carried a bumper sticker promoting the "Sober Driver" campaign.

The campaign was originally confined to Toronto during May, but it proved so successful that it was extended throughout the province during July and August.

Also during 1984-85, ARF's drinking/driving research team, again working with ARF's Education Resources Division, organized a public forum called "Drinking and Driving: Legal Issue? Social Problem?" Approximately 150 people attended the forum. Media coverage was also good; it included a three-page article published in the journal of the Canadian Medical Association.

In addition, the research and review papers the drinking/driving team has produced have contributed to the growing knowledge base of

various organizations, and have helped with the development of social policy on drinking/driving and traffic safety.

For example, ARF's research and review papers were used in the development of the People to Reduce Impaired Driving Everywhere (PRIDE) program. Also, ARF research contributed to the decision by the Insurance Bureau of Canada to recommend raising to 21 years the legal drinking age in Canada.

Other organizations studying the issue of raising the legal drinking age are the Ontario Association of Chiefs of Police, the Ontario Medical Association, the Canadian Medical Association, the Federation of Home and Schools, the Metropolitan Toronto Police, and Allstate Insurance.

Student and Public Forums Warn about Addictions

As part of its mandate to reach and inform children of school age, ARF has launched a series of educational forums to tell children and adolescents about some of the problems associated with drug and alcohol abuse.

The content of these forums is factual and scientific, and most of it is based on the results of research carried out by ARF. Also, the forums themselves are conducted by ARF personnel.

Originally, seven of these forums were scheduled for 1984-85, but they proved so popular that the number was increased to 15. The forums fall under three main titles: "Drinking

and Driving," "Cannabis," "Street Drugs." They have been promoted within the school system of Metropolitan Toronto, and in 1984-85 a total of 2,250 students from Metropolitan Toronto secondary schools attended. Each of them also received a package of educational materials.

In addition — in a similar but unrelated program — the Foundation organized a one-day forum on drinking and driving for community professionals and members of the general public.

Throughout the year, ARF community staff also responded to 840 requests to speak to specific groups on topics related to alcohol and drugs. Altogether, about 32,500 people attended these functions.

A capacity audience attended this public forum at the Foundation's Toronto headquarters.





PUBLIC EDUCATION

***The Journal* Now Making 470,000 Contacts Per Year**

The Journal is a 16-page monthly newspaper covering the full range of alcohol and drug issues, and is the recognized leader in its field.

Its main objective is to keep Ontario-based professionals up to date on major developments in all areas of addictions, no matter where those developments occur. The bulk of its readers are therefore in Ontario; and most of them are professionals working in drug-related fields, or in fields where concerns about drugs may sometimes arise.

However, as alcohol and other drug issues are international in scope, *The Journal* has to be international in its coverage. It has correspondents in the United States, the United Kingdom, Europe, and the Far East, as well as across Canada.

In 1984-85, *The Journal* completed a major circulation development program in Ontario. All of the publication's major audience groups — government personnel, policy planners, professionals, researchers, members of consumer groups, etc. — were identified, and source lists of names were sought for each group.

All of the identified target readers were then sent subscription information, along with details about the kind of editorial material *The Journal* publishes and the many ways the material would help them.

The circulation development program was undertaken to ensure

that all of the relevant audience groups within Ontario were given the opportunity to receive and read *The Journal*.

The program resulted in an increase of more than 5,500 new readers in Ontario, bringing the publication's total readership to more than 26,000 every month. That is equivalent to more than 312,000 contacts per year.

The development of the circulation of *The Journal* was reflected in its changing editorial content. In 1984-85, the regular, comprehensive news coverage was complemented by a range of feature reports. Among the special features published were: Marijuana — answers for young people and parents; Drugs and the Law; Women and Alcohol; Alcohol, Drugs, and the Doctor; Heroin and Pain Relief; Caffeine — history, habits, and health; and Pain Management — excerpts from a committee report to the federal government.

In addition to the 312,000 direct contacts that *The Journal* makes each year, there are another 160,000 indirect contacts; research shows that more than 50% of readers pass their copies on to colleagues.

As well, material covered in *The Journal* is typically reprinted or referred to every month by daily and weekly newspapers, and by radio and television newscasters, across the province, thereby reaching an audi-

ence calculated to be in the millions. Each year too, an average 65 specialist magazines in Ontario, the rest of Canada, and abroad refer to or reprint material originally published in *The Journal*.

Public Awareness Raised by Educational Materials

Each year, ARF produces pamphlets, booklets, posters, and other educational materials in order to heighten public awareness of alcohol and drugs and their related problems. These educational materials are promoted mainly to professional groups (teachers, doctors, nurses, lawyers, social workers, etc.) who help shape public opinion, rather than to members of the public at large.

The materials' main purpose is to present factual, scientific information about the effects and the consequences of drug and alcohol use, and to emphasize the role that the individual can play in reducing the problems associated with hazardous use.

In 1984-85, 717,925 pieces of educational material were sent to people involved in community programs; 89,953 were sent to the medical profession; 82,510 to teachers and others within the school system; 66,465 to business and industry; and 28,147 to the legal profession.

In addition, another 1,215,133 pieces were sent to other groups, and 83,480 posters were distributed, bringing the total number of pieces to 2,283,613.

French-language Skits Reach 1,500 Students

In 1978, ARF helped develop and produce a series of light-hearted skits on alcohol-related problems, designed to educate students in grades 9 to 13 about the realities of alcohol abuse. Since then, the skits (collectively called "Booze") have been performed in schools throughout the province.

In 1984-85, ARF completed the translation of the skits into French, and the première performance of "Faire la Noce" (or "Maudite Boisson") was held at École Secondaire Theriault in Timmins.

The school's drama students

took about three months to perfect the skits. So far, they have given three performances to 1,500 of their fellow students, parents, and members of staff.

In addition, the school has dedicated a week to the subject of alcohol abuse; pupils have toured local distilleries to learn more about alcohol; and the school has shown a series of ARF films on alcohol and drug abuse.

The "Faire la Noce" program marks a major intervention by ARF in a French-language Ontario school. It is hoped that the skits will be appealing to schools with French immersion as well as to regular French-language schools.

ARF Film Deters Drinking in Provincial Parks

Alcohol, Parks and Campers is a 16 mm film produced by ARF for showing in Ontario's provincial park amphitheatres. Its main purpose is to make park visitors aware of the risks associated with inappropriate drinking in parks (such as while swimming or boating) and to acquaint them with park regulations that relate to drinking.

In the summer of 1984, ARF carried out tests to see how effective the film is. It screened the film in six parks (along with the regularly scheduled nature films), and then interviewed 573 people who saw it to get their reactions. At the same time, it interviewed a control group of 856 people who visited six other parks and who had not seen the film.

The tests showed that those people who had seen the film were much more aware of park regulations relating to alcohol; were less accepting of the use of alcohol in parks; were less likely to consume alcohol themselves while in a park; and were more likely to report the misuse of alcohol to park personnel.

As a result, ARF has now made the film available to the Ontario Ministry of Natural Resources for showing in parks throughout the province.



Timmins high-school students in their production of "Faire la Noce," a French-language version of "Booze."



PUBLIC EDUCATION

ARF Library Launches New Information Services

The ARF library — an information centre that both professionals and the general public use — is one of the most comprehensive of its kind in the world. Altogether, it houses 11,000 books, 450 current journal subscriptions, 150 film titles, 1,200 sub-studies, and 12,000 reprints of articles on alcohol and drugs.

In 1984-85, the library launched two new information services in response to a growing number of requests for reference sources and information on drug and alcohol issues.

The "information package service" is for members of the general public and for students who are trying to research a drug/alcohol topic, but do not know where to start. The library provides them with an information package that contains a list of

articles published in periodicals on the subject of interest, and of relevant books available in the ARF library, plus copies of articles on their subject from mass-circulation magazines such as *Time* and *Newsweek*.

The second new service — called "pathfinders" — is for people who want to conduct their own research, using ARF sources. The "pathfinders" are guides to the ARF library collection on selected topics, listing relevant books, abstracting and indexing sources, articles, and other materials, along with their ARF library catalogue numbers. The inquirers may then visit the library and find and review the material themselves.

This service has been promoted through the Feature Service newsletter, a publication that ARF produces and distributes to writers and editors of selected publications.

Video May Help Prevent Fetal Alcohol Syndrome

Fetal alcohol syndrome (FAS) is the term used for the serious birth defects that can occur in the children of women who consume alcohol during their pregnancies.

Few people fully realize the dangers of FAS — partly because no one knows how much alcohol pregnant women may drink without harming their unborn children, and partly because there is little information on FAS that is readily available to the public.

In 1984-85, the Foundation prepared a video that spells out the dangers of FAS in some detail, and that makes the point that FAS is easily prevented.

The video — developed in cooperation with the Association of Iroquois and Allied Indians — tells the true story of Mary Atkins, a Mohawk Indian who had five children, some of whom are believed to be permanently affected by FAS. It is narrated by Mary Atkins in her own words, and so it is highly personal and effective. It is intercut with factual information about FAS and the tragic damage it can cause.

The video is called "FAS — The Preventable Birth Defect." It is aimed mainly at women aged 15 to 24, but its content is applicable to all women of child-bearing age. Several community television stations have screened the video in Ontario, and one of the national networks is preparing excerpts for later use.



The library provides service to ARF staff, other professionals, and the general public.

More than 300,000 Students Reached by ARF Videos

It is part of the ARF mandate to help educate children of school age about the use and abuse of alcohol, tobacco, and other drugs; and to that end, the Foundation has developed a number of teaching packages that are distributed within the Ontario school system.

In 1984-85, three of the teaching packages — each one consisting of a video, a teacher's guide, story books, buttons, and stickers — were promoted through a press conference, follow-up media publicity, and a direct mail campaign.

As a result, a total of 1,963 copies of these packages were requested by Ontario schools and delivered to them free of charge.

There were 734 requests for "Butt It Out," a video about smoking that is aimed at 6 to 9 year olds; 689 requests for "The Score on Cannabis," aimed at 13 to 18 year olds; and 540 requests for "Me and My Friends and Our Booze," also aimed at 13 to 18 year olds.

In addition, TV Ontario included the videos in its regular program scheduling, with the result that a minimum of 300,000 students in Ontario saw at least one of the videos during 1984-85.

The Foundation also made a public service announcement out of the "Butt It Out" video. The announcement was sent to 21 television stations throughout the province.



Youthful actors appearing in an ARF-produced videotape, "The Score on Cannabis."



TRAINING OF PROFESSIONALS

ARF Upgrades Skills at Home and Abroad

As well as producing courses for its own staff and for addictions professionals in the field throughout Ontario, ARF is committed to improving addictions-related training across Canada. It does this through its active participation in the National Training System (NTS).

The NTS was established in 1976 to improve the quality of addictions-related training activities in Canada through inter-jurisdictional collaboration.

The National Planning Committee on Training in the Addictions Field (NPC) — made up of a training representative from each participating provincial/territorial jurisdiction — was set up as the operational arm of the system. Since then, the NPC has identified national training priorities and developed strategies and programs to respond to these needs.

Most recently, the NTS has been developing programs to improve addiction counselling skills and to provide addictions-related education and community action plans aimed at preventing alcohol and drug abuse. ARF's contribution to these programs has been substantial.

One of the NTS projects that ARF has been working on during 1984–85 is the testing and revision of an instruction package for addiction counsellors. This package — developed by ARF under contract

with Health and Welfare Canada — contains source materials and training techniques on counselling communications skills, practical drug concepts, initial interview methods, and treatment planning strategies.

The package will be distributed and sold to addiction counsellors in treatment service networks throughout the country. The primary audience for the package is the new worker who has less than one year's experience and no formal counselling training. However, it can also be used for refresher training of more experienced workers.

In addition, ARF gives help and technical assistance to national and international training programs in the developing world. ARF has provided substantial consultation, teaching, and planning support to large-scale training programs now under way in Thailand, Zambia, Nigeria, and the Caribbean region.

Much of this international work is supported financially by the Canadian International Development Agency (CIDA), and is carried out in cooperation with the World Health Organization (WHO) and with the International Council on Alcohol and Addictions in Lausanne, Switzerland.

Local Field Workers Get Primer in Addictions

Since 1982, the Foundation has been conducting treatment services training programs for people in Ontario communities whose work includes addressing addictions-related problems. These programs are developed in response to local community demands. Altogether, more than 1,500 people have participated in them.

In 1984–85, some 29 of these programs were scheduled, attracting more than 800 participants from a broad range of areas: public health workers, family and child care workers, corrections workers, Native substance-abuse counsellors, detoxification workers, and mental health workers.

On this year's schedule were: Mississauga Hospital Social Workers Training; Dryden Addictions Intervention Course; Addiction Training Program, Brockville Psychiatric Hospital; Workshops on Alcohol and Drug Abuse in Durham and Oshawa; North Bay Public Health Nurse In-Service Training; and Emergency Room Nurses Training in Windsor.

The treatment services training programs were marketed through advertisements, media announcements, and direct contacts with the appropriate people.

Professionals in Ontario Served by 32 Programs

At its School for Addiction Studies, the Foundation offers a series of centralized programs designed to teach professionals in Ontario about a range of drug- and alcohol-related issues and their clinical management. These programs — presented in block format, lasting from a couple of days up to a week — may consist of seminars, workshops, courses of instruction, or mini-conferences.

In 1984–85, a total of 32 programs were offered. Nearly 700 people from across the province

attended — mainly from health care and other social services, industry, unions, the corrections field, law enforcement, justice, and the clergy.

The centralized programs are divided into five main subject areas:

- fundamental concepts (offered at basic and advanced levels);
- health promotion training (dealing with the theory and skills of health promotion and prevention);
- treatment training (dealing with individual, family, and group therapy and with treatment services development);
- interdisciplinary perspectives

on research (offering interdisciplinary seminars and training in research technologies); and

— EAP training (covering employee assistance programs).

All the courses are aimed at improving the quality of programming and service provided for the people of Ontario. They are promoted through a brochure, direct mail, and advertisements in *The Journal* and other specialist media.

ARF is now working with Ryerson Polytechnical Institute to offer a radio course, and is also developing a series of correspondence courses.

People from across the province attend courses at the School for Addiction Studies.





TRAINING OF PROFESSIONALS

Nurses Learn Best Ways to Help Addicted Patients

Health councils, school boards, employers, hospitals, and other organizations and individuals in Ontario's communities frequently ask ARF for help in improving their own services. ARF responds by developing specific programs to answer special needs.

One example of this work is the program ARF is conducting with public health nurses in Etobicoke. Its aim is to help public health nurses develop more effective methods of working with clients with alcohol and other drug problems.

This program was developed in 1984 after the Director of Nurses from the Etobicoke Department of Public Health (EDPH) asked ARF for help in cutting down the number of crisis-oriented interventions by EDPH nurses involving alcohol and drug abusers.

ARF developed a three-year in-service training and case supervision program designed to:

- upgrade the addictions knowledge and counselling skills of the public health nurses, so that they could become substance-abuse resource personnel for the EDPH;

- develop an in-department strategy to communicate this addictions-related information to the 75 public health nurses and supervisors in the EDPH;

- monitor changes in the EDPH's case identification and management.

The program is now being offered to seven of the public health nurses — one from each of the nursing teams that cover the municipality. Each of these nurses has made a three-year commitment to serve on the Substance Abuse Resource Team — to upgrade his or her own knowledge and skills and to act as a resource in addictions management to other nurses.

The nurses are also keeping a record of their visits to each substance abuser: the goal of each visit and whether it was met, an assessment of any progress the client has made, and any improvements that can be seen in the client's lifestyle.

This is the first time that public health nurses in Ontario have been offered such a program. Its success is difficult to measure as yet, but there are already several examples of EDPH clients who were once substance abusers but who have now become abstinent with the help of one of the nurses taking this ARF program.

On-Site Programs Help Workers Get Involved

The Foundation operates a wide range of community-based training programs to make sure that information on addictions-related problems and issues is in the hands of community-based workers. It initiated these programs in response to the fact that some workers have no

formal training in the addictions field.

Topics to be covered in the programs are suggested at the community level and then channelled to ARF's Community Services Training Program Coordinating Committee. Demand for a program is tested before one is developed. Viable programs are then organized by ARF staff.

In 1984-85, several new community-based programs were planned, developed, and staged for more than 500 participants. Programs included: Alcohol Policy Management held in Sudbury; Health Promotion Symposium held in Cambridge; Alcohol Policy Management held in Thunder Bay; and Working with Employee Assistance Programs held in Hamilton.

These programs — like the others — were promoted by direct mail and telephone and by personal contacts made by staff from ARF's regional offices.

An additional benefit of the community-based programs is that they encourage contact among professionals working in different areas of the addictions field. Also, they help identify areas where further addictions-related training is needed, and they often set the stage for continuing action at the community level.

Workshops and Seminars Foster Development

Workshops, seminars, and lectures are continually being conducted by ARF staff to improve knowledge, attitudes, and skills of those in the addictions field. For example:

- 300 community leaders attended a two-day drinking/driving countermeasures conference in Ottawa.
- 120 police officers, health professionals, educators, and media representatives attended a one-day workshop in Toronto on the trends in and problems associated with cocaine use.
- ARF staff presented a six-session program to Brockville Psychiatric

Hospital staff on the treatment of alcohol-related problems.

- A two-day symposium was held in Cambridge for 50 senior health planners to consider planning, implementing, and coordinating health promotion at the community level.

Professionals Get Advice on Children of Alcoholics

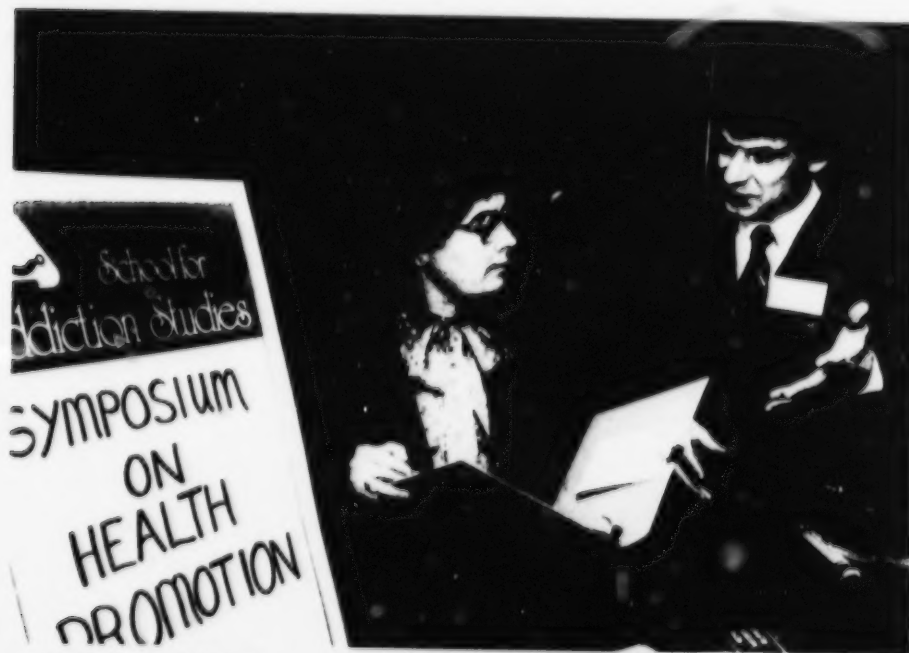
In the course of their work in communities in Ontario, ARF staff often see a need for upgrading addictions-related services. ARF then responds by taking the initiative and generating the sort of program needed to bring about the necessary improvements.

Recent examples of this are seminars ARF arranged in Peterborough

and Perth, entitled "Children of Alcoholics: Bystanders at Risk." These seminars were developed to make health care professionals aware of the problems of the children of alcoholics, and to give them more information on identification, treatment, and prevention.

More than 200 professionals attended. Evaluation forms completed afterwards showed the participants felt they had learned a lot about issues related to children of alcoholics, and many indicated they would like to have further training on the topic.

The seminars also received wide media coverage, including reports in 10 newspapers and exposure through television and radio interviews.



ARF president Joan Marshman and Western Region director John McCready compare notes at a symposium in Cambridge, Ontario, which brought together 50 senior health planners.



TRAINING OF PROFESSIONALS

Teleconference Programs Reach Remote Communities

A rising demand for information, along with limitations on budgets, has made it more difficult than ever to cater to the educational needs of health care professionals in remote communities throughout Ontario.

But now, through a service called Telemedicine for Ontario (TFO), ARF is able to deliver specially developed programs to these health care professionals and to present them in a cost-effective and efficient way.

TFO — which is supported by the Ministry of Health and is operated by the five health science faculties of Ontario's schools of medicine — offers the programs through audio teleconferencing.

Anyone wishing to join a program can do so by simply dialling a prearranged telephone number. At each participating location, teleconference equipment allows participants to listen to a presentation and to talk to the presenter and one another.

Among the programs that ARF developed for TFO was a four-part mini-series on adolescent substance abuse. Each part of the series lasted about an hour, beginning with a short presentation followed by questions and answers. It was supported by slides and written materials that were sent out to participating locations in advance of the teleconference.

During the presentation of this



Teleconferencing enables people in remote areas of the province to participate in health education sessions.

mini-series, about 80 people participated in 18 locations around the province.

Other programs for TFO are now being developed. Among them: a two-part program on intoxication among nurses, and a four-part program on intoxication in the family.

These programs will be promoted through the *Telemedicine Calendar*, a publication circulated to health facilities throughout the province.

Collaborative Training Meets Special Needs

Training and development activities in the addictions field are frequently conducted in collaboration with other organizations or agencies. Some highlights:

- Two hundred and twenty drug education coordinators of the Canadian Forces attended a series

of four events on Employee Assistance Programs in Ottawa, Kingston, and Halifax.

- A workshop on epidemiological and social-psychological studies in alcohol and other drug use and youth was held in collaboration with Health and Welfare Canada and the Canadian Addictions Foundation. The workshop was held in Toronto and attended by program managers, planners, and evaluators.
- In cooperation with the Toronto City Health Department, community agencies, health educators, and Metro Police, a one-day workshop was held for young adults and teens to initiate contact with this target group to explore the issues of alcohol and health and, in particular, drinking and driving.
- For 60 French-speaking teachers of the Ottawa and Carleton boards of education, workshops were presented on youth, alcohol, and other drugs.
- To increase physicians' awareness about addictions and the addictions treatment network, ARF staff, in collaboration with the Niagara Employee Assistance Program Council and the Lincoln County Academy of Medicine, held a workshop for 60 family physicians.
- In collaboration with the Canadian Cancer Society, the Ministry of Health, and the Ontario Inter-agency on Smoking, a one-day

workshop was held at Queen's Park on the smoking programs of various agencies and associations. It was attended by community workers, educators, and health professionals.

Foundation Forges Links with Colleges, Universities

The Foundation reaches thousands of community college and university students each year in two ways: through student placements — externships, internships, residencies; and through courses taught by ARF staff members in universities or other academic institutions.

In 1984–85, a total of 97 students were placed at the Foundation: 11 community college students, 30 undergraduate, 51 graduate, and 5 postdoctoral.

ARF staff conducted a total of 74 courses — at both undergraduate and graduate levels — in such programs as social work, pharmacology, pharmacy, psychiatry, rehabilitation medicine, and psychology.

ARF Joins Local Agencies to Respond to Demand

ARF regularly monitors the need for addictions-related services in Ontario's various regions and communities. Where assistance is needed, it takes an active leadership role in the development of appropriate programs.

However, there are not always sufficient funds available to provide a community with all the services it needs. In these circumstances, ARF works with existing local agencies to reach persons with substance abuse problems.

One example of this is the recent work ARF has been doing with local community groups in the Haliburton region to establish a basic structure for assessment/referral services. ARF staff are available four days per month, offering assessment/referral to clients and training in case management to local volunteers. The community provides office space and secretarial help.

As the service is already experiencing considerable demand, ARF is hopeful that in the months ahead more assistance will be forthcoming for the people in this region. The local District Health Council has recommended that the project be considered for funding in an expanded form under the mandate of FourCAST Assessment and Referral Service, which has been established in Peterborough during the last two years.



CONTROL STRATEGIES

Study of Cocaine Use First of Its Kind in Canada

Statistical and other evidence has suggested that cocaine use has become increasingly prevalent in Canada. For example, cocaine convictions have risen steadily, from 44 in 1972 to 847 in 1980 and 1,390 in 1983. However, until recently, there was virtually no information on such basic questions as who uses cocaine in Canada, how much do they use, what effects does it have, and so on.

In 1984-85, researchers at ARF completed the first detailed study of cocaine use in Canada.

The study was based on in-depth interviews with 111 cocaine users in Ontario. To qualify, participants had to have used cocaine within the past three years, be aged 21 years or more, and have been employed for at least six of the past 12 months.

The researchers gathered information about the participants' patterns of cocaine use, about problems related to their experience with the drug, and about their opinions on several legal and health issues.

Their findings — presented at a symposium called "Cocaine in Canada" in March 1985 — form a sound base of knowledge that will ultimately feed into prevention strate-

gies and into the formation of public policy on matters relating to cocaine's use and availability.

The findings attracted wide media publicity, thereby helping to foster public awareness of the problem of cocaine in Canada. That public awareness is likely to be raised again next year, since the researchers are now preparing a book, based on their findings, which will appeal to both professional and lay audiences. The book will also contain a history of cocaine in this country, plus legal, statistical, and anecdotal information.

Workshops Make Permits Less "Permissive"

Each year in Ontario, a number of "special occasion permits" are issued to people who want to hold special functions in municipal recreational facilities or parks. In the past, there have been instances where alcohol has been inappropriately used during these functions — sometimes resulting in injury.

In 1984-85, ARF organized two one-day "preventive" workshops for municipal recreational staff, community volunteers, and municipal politicians (among others), which were designed to encourage an awareness of alcohol issues related to the planning of special functions; to help municipalities develop alcohol management policies; and, in more

general terms, to present ARF as a resource that can be used by the community.

The workshops — in Thunder Bay and in Sudbury — were each attended by about 120 people. In collaboration with the relevant agencies, more workshops are now being planned for other communities.

Students Given Guidance on Low-Risk Drinking

Last fall, ARF implemented a pilot program at the University of Western Ontario that was designed to encourage first-year students to be moderate in their drinking. The pilot has proven so successful that the program is now being expanded to cover several universities in Ontario.

The program — called Campus Alcohol Policies and Education for Low-risk Drinking (CAPE) — has two main components: an education campaign aimed at the students and a set of campus alcohol policies put in place by the university.

The education campaign begins in August, before the first-year students arrive on campus. Every new student is sent a 16-page booklet, called *Appropriativity: An Undergraduate's Guide to Conviviality*, that describes risky drinking practices and one option, moderation.

In September, after the students have arrived on campus, a series of

exhibits introduces them to the program. Then, during the year, four theme weeks are held — supported by handout flyers, posters, and advertisements in the campus newspaper — endorsing the main messages contained in the booklet.

Also, throughout the fall, ARF and university staff give presentations to small groups of first-year students in residence on campus. During the

pilot last fall, more than 30 presentations were made, reaching about 700 students.

The second component of CAPE sets out to modify the environment in which students consume alcohol. For example, non-alcoholic drinks are made available at the taverns and other licensed facilities on campus, and they are very favorably priced. Light beer is also sold at less than the

price of regular beer. All draft beer is light, not regular. And all liquor shots are just one ounce in size.

The pilot program was recently described at a symposium organized by ARF at which representatives from every university in Ontario were present. Six universities have said they will introduce CAPE this fall, and several others are planning programs for the following fall.



This 10-minute video program was produced for use with university students as part of a campus alcohol prevention and education program.

Findings of Tranquillizer Study Now Being Publicized

One of the objectives of ARF research scientists is to stay in close contact with health care professionals throughout the province and to respond to the need for scientific evidence on which professionals base their approach to the control of substance abuse.

One example of the work that ARF has undertaken to fill this need is the recently completed study into the medical and psychological questions arising from dependence on benzodiazepine tranquilizers. (The most commonly prescribed of these is diazepam, best known under the trade name Valium.)

In 1981, tranquilizer dependence was creating controversy not only among the health care professions but also among the public. ARF scientists felt there was a need to answer scientifically some of the questions being posed. Now, in 1984-85, they have assembled systematic evidence to confirm the



CONTROL STRATEGIES

effectiveness of new treatment procedures to reduce tranquilizer dependence.

The research was conducted with the assistance of 40 patients who sought professional help in giving up prescribed tranquilizers. Almost all of the patients reduced or eliminated their use of tranquilizers in less than two months of weekly outpatient sessions.

Among the major research findings were:

- Even at therapeutic dose levels (as low as 15 mg per day), the patients in the study were dependent on the real pharmacologic effects of tranquilizers. They were not ritually dependent on a physician, or on taking a pill. This constitutes true dependence on tranquilizers. (Dependence is maintained by the psychological "benefits" the drugs produce, the desire to avoid withdrawal, or both.)

- Because tranquilizers fulfil specific psychological needs, treatments designed to produce abstinence must also provide other avenues to meet those needs.

ARF Surveys Monitor Drug Use in Ontario

For several years, ARF has been monitoring the consumption of drugs and alcohol in Ontario to see if the level of use is going up or down. The

results provide a sound base for shaping public policy on many drug- and alcohol-related issues. Also, they help to identify areas where better drug and alcohol education programs are needed.

In 1984-85, ARF surveyed 5,000 students in grades 7 to 13 to see how drug and alcohol use is changing among Ontario young people. Since surveys like this — the only ones of their kind in Canada — have been conducted by ARF since 1968, it is possible now to identify meaningful trends.

Schools and school boards that participate in the surveys are sent copies of the results. Recent surveys indicate the level of drug use has generally stabilized, with some drugs (cannabis) and alcohol showing a slight decline. Nevertheless, alcohol, cannabis, and tobacco remain the most popular of the 17 drugs included in the survey.

Also in 1984-85, in a separate project, ARF surveyed members of the adult population in Ontario to see how drug and alcohol use is changing there. Altogether, 1,000 adults were questioned in personal interviews. For the first time, cocaine was included as one of the drugs in the survey.

Adults in Ontario have been questioned by ARF since 1976, and so again it is possible to identify trends. As with the students, drug use among adults appears to have stabilized. However, other evidence — for

example, the number of convictions — indicates use of cocaine is on the increase. The adult survey could not, of course, show any trend, since cocaine has not been part of earlier surveys. However, the survey did indicate that about 3.3% of Ontario adults have used cocaine at least once. (That is a level considered low by standards prevailing in, for example, the United States.)

The results of both the student survey and the adult survey invariably receive wide publicity across Canada. For example, the student survey was reported or discussed in 94 articles in 64 newspapers.

In addition to conducting its own surveys, the Foundation also analyses drug- and alcohol-related data that it collects from a variety of other sources.

The purpose of the analyses is to show how drug use in Ontario varies from region to region; how drug use in Ontario compares with drug use in the other provinces; and how drug use in Canada compares with drug use in other countries around the world.

Ontario Study Could Foster New Methods of Prevention

The main purpose of the Ontario Prevention Study is to find out whether a change in consumption of alcohol by heavy users has a measurable effect on the overall distribution of consumption. If so, the findings could lead to new methods of prevention.

The study is a field experiment in which three small Ontario towns have been matched on relevant drinking and economic variables. One town acts as a control; like the other towns, it has aggregate data collected from public sources. The other two towns have two additional surveys taken of the drinking behavior of all adult males. These surveys are taken before and after a counselling program offered in only one of the surveyed towns.

Aside from determining whether the distribution of alcohol consumers corresponds to the pattern of the so-called "single distribution" model, this study will also determine the impact of an intervention on problem drinkers. The final report of the study, and its major findings, will not be completed until 1986. However, work already done has yielded a number of benefits.

First, the promotion efforts used to attract heavy drinkers to counselling services in the study will have a

general application. They can be used to encourage participation by heavy drinkers in any counselling program designed to help them reduce their consumption.

Second, new videos have been developed as part of the counselling programs. They, too, will have wider application. They are being further refined and prepared for broader marketing.

Third, the study has highlighted the risks of excessive drinking within the communities taking part, and that, in turn, has stimulated local efforts to take preventive measures and to upgrade alcohol-related community services.



The proceedings of the symposium on Public Drinking and Public Policy are published by ARF.

Symposium Covers Policies on Public Drinking

Each year, ARF personnel are involved in sponsoring and speaking at numerous seminars, symposia, and conferences on alcohol- and drug-related issues.

Public Drinking and Public Policy was one of the symposia that ARF co-sponsored in 1984-85.

Sharing the organizational work and funding of this symposium were the Alberta Alcoholism and Drug Abuse Commission, the Alberta Liquor Control Board, and the Health Promotion Directorate, Health and Welfare Canada.

The symposium encouraged dialogue on public drinking and public policy research, and on issues between social researchers and public policy makers. It marked one of the few occasions when these two groups have met.

The three-day symposium covered drinking in public establishments, problems and possibilities in the regulation of public drinking, and the practical problems of research in this field.

There were 44 participants, among them representatives of eight of the provincial liquor licensing boards.

ARF has published the proceedings of this symposium and, along with the other sponsors, is distributing the book to policy makers and other interested professionals.



EMPLOYEE ASSISTANCE PROGRAMS

Municipal Corporations Develop EAPs

EAPs were originally established within large industrial corporations and focused primarily on work performance problems, usually alcohol-related, as identified by supervisors.

Over the years, most programs have broadened to deal with a variety of personal problems causing distress to employees — and they now emphasize voluntary self-referral as a means of encouraging earlier recognition and resolution of problems.

In 1984, the City of Hamilton approved a program for its 2,000 employees. Since then, more than 250 employees have used the services of their EAP counsellor. In 1985, the Regional Municipality of Hamilton-Wentworth established its own EAP for its 1,800 employees. It is expected that the five other smaller municipal corporations within Hamilton-Wentworth will follow the lead of the larger corporations, thus providing 6,000 municipal employees with EAP services.

ARF's role here is in helping develop these services via:

- the provision of literature;
- consultations with key leaders;
- presentations to supervisors and union representatives;
- assistance in the preparation of brochures, questionnaires, and evaluation procedures;
- leadership training via workshops and courses; and
- ongoing information.

EAPs Introduced to Ontario Hospitals

ARF is committed to promoting the benefits of EAPs to all sectors of the workplace. Recently, it has placed high priority on assisting hospitals to develop EAPs. The reasoning is that successful EAPs within hospitals can be expected to provide good models for the rest of the community.

Early in 1984 the Metro Toronto EAP Centre organized a promotional seminar for hospital staff regarding the concept and benefits of EAPs. Twenty-four representatives from 12 Toronto hospitals participated. As a result two hospitals in the Metro area — North York General and Scarborough General — immediately decided to develop EAPs.

An ARF consultant has worked with joint management/employee committees in each of the two hospitals to establish EAPs for their combined workforce of 3,500 employees. The consultant's role has included developing policies and procedures, training supervisory staff, and developing materials to educate employees about the programs.

The consultant has also maintained ongoing contact with representatives of other hospitals, and has already taken preliminary steps to develop an EAP in a third Metro hospital.

EAPs Help Promote Positive Lifestyle

About three years ago, the health and social service workers on Manitoulin Island, where the Wikwemikong Indian Reserve is located, met to discuss possible solutions to the problem of high levels of attempted suicide among the Native peoples there. As a result, it was recommended that Employee Assistance Programs (EAPs) be a means to introduce a more positive lifestyle into the community.

After discussions with local agencies and organizations, ARF proposed to the Wikwemikong Band Council that the programs be offered to five organizations in the community that, together, employed more than 300 people. It also proposed that the ARF/Canadian Labour Congress EAP model should be the basis from which the Wikwemikong programs would be developed.

Since late 1984, three of the five organizations have started to operate EAPs. The programs focus on alcohol-related problems and are based on education and on health promotion and rehabilitation. ARF helped design and launch the programs, and it helped make sure they were known throughout the community.

The success of the programs will be monitored each year and their effectiveness judged on such factors as the number of employees participating and the health promotion activities staged by the community.

DIVISIONS
OF THE
FOUNDATION

CLINICAL



Hospital outreach workers Diane Hobbs and Gwen MacKinnon confer with J.R. Haslehurst, president of Women's College Hospital in Toronto. Hospital Outreach Service is a new program designed to assist hospitals with assessment, referral, and treatment capabilities.

The Clinical Institute was established in 1971 and designated under the Public Hospitals Act to treat patients suffering from alcohol- and drug-related problems. Located at 33 Russell Street, Toronto, it is a fully affiliated teaching hospital of the University of Toronto.

Besides providing high-quality treatment to its patients, it researches problems associated with alcohol and other drugs, and provides practical training and education programs, not only to students but also to Foundation staff and other professionals in Ontario.

The following treatment programs are provided by the multi-disciplinary staff:

Primary Care is the initial point of contact for new patients and provides intake, orientation, case management, and supportive counselling services, as well as a comprehensive assessment to determine the most appropriate treatment program for each patient.

Outpatient Sociobehavioral Treatment Services include basic substance-abuse treatment, combined with a range of specialized interventions addressing related problems in other areas of the patient's life. These interventions include individual counselling, marital and family therapy, relaxation therapy, vocational counselling, leisure counselling, and group therapy.

Day Treatment Services include three specialized day treatment programs linked to a Sociobehavioral

INSTITUTE

Inpatient Unit. Clients may attend the day treatment program on either a residential or an outpatient basis. The three programs are:

- *Abstinent Lifestyle Treatment Program* — a day treatment program focusing on goal planning and implementation to help clients achieve a drug-free lifestyle.
- *Young Drug Users Program* — a day treatment program focused on the particular needs of adolescents and young adults involved in drug abuse. Specific treatment goals are based on an analysis of each client's pattern of drug use.
- *Employed Problem Drinkers Program* — a three-week intensive treatment phase and one-year follow-up for clients whose alcohol problems have been identified in the workplace.

Detoxication Unit provides non-medical services for people who are intoxicated or experiencing withdrawal symptoms. (Back-up medical services are provided by the *Emergency Department* of the Clinical Institute.) The Unit also arranges referrals for further treatment.

Drug Therapy Program provides comprehensive outpatient treatment to patients who abuse alcohol, opiate-type narcotics, or prescription drugs, and for whom both pharmacological (e.g., disulfiram, calcium carbimide, methadone) and sociobehavioral treatment may be necessary.

Ambulatory Medical Services provide medical assessment, management, and follow-up for the medical complications that arise from, or are

concomitant with, drug and/or alcohol abuse. Emergency care, medical screening, primary medical clinics, psychiatric consultation, and subspecialty clinics in gastroenterology, clinical pharmacology, and neurology are included in the services.

Emergency Services provide medical and sociobehavioral crisis intervention for people in such acute states as intoxication, withdrawal, or overdose.

Medical Unit is an inpatient hospital ward for patients with alcohol and/or other drug problems who require medical and nursing care.

Hospital Outreach Service was initiated in February 1985 to assist hospitals within Metropolitan Toronto in developing case identification, assessment, referral, and on-site treatment capabilities for patients with problems related to alcohol and drug use.

Volunteer Services support both staff and clients by extending the amount and nature of the Institute's services. Volunteers work in a variety of ways and in a range of positions requiring different amounts of time, knowledge, and skill. Each person is placed in a specific program based on the contribution he or she is able to make. Volunteers are involved in direct assistance to clients in treatment and aftercare, as well as in more administrative and support service roles.

The Clinical Institute's research thrust is into the causes and consequences of alcohol and other drug

dependence, as well as improving existing treatments and developing new ones. The major focus of research is in the biomedical and sociobehavioral areas, where studies are concerned with preventing and treating such major problems as excessive alcohol consumption, liver disease, brain damage, alcohol withdrawal, sociobehavioral problems, smoking, and benzodiazepine abuse.

Senior scientists in the Clinical Institute hold academic appointments at the University of Toronto and other universities and colleges. Projects are conducted in collaboration with the university, the Toronto General Hospital, and other hospitals and organizations. All research projects require administrative, scientific, and ethics reviews and approval to ensure that only ethically acceptable, high-quality priority projects are conducted.

As a teaching hospital, the Clinical Institute trains and educates University of Toronto health care students at the undergraduate, graduate, and postgraduate levels. Courses on alcohol and drug dependence are taught in the Faculty of Medicine's departments of Medicine, Family and Community Medicine, Pharmacology, Psychiatry, Rehabilitation Medicine, and the Division of Community Health. Addictions courses are also on the curricula of the faculties of Pharmacy, Nursing, and Social Work, and of the Arts and Science department of Psychology.

SOCIAL AND



Dr. Mary Rees-Nishio uses interactive computer programs to study behavior and moods of drug users.

The primary responsibility of the Social and Biological Studies Division is to provide a sound knowledge base for educators, community workers, legislators, and others concerned about reducing the frequency of problems attributable to substance use. The emphasis is on seeking ways to prevent addiction problems from occurring, rather than coping with the problems presented by those already addicted. However, some of the laboratory research, aimed at discovering the underlying causes of addiction, may well, in the process, contribute to better methods of treatment as well as prevention.

The Division consists of nine sections reflecting the main areas of work. These are grouped into three departments: *Social Policy Research*, *Program Development Research*, and *Biobehavioral Research*.

Social Policy Research is so named because the research aims to discover how environmental factors such as control measures affect the frequency of substance-related problems, and the findings apply mainly to the formulation of effective social policy.

Studies are conducted in a number of areas: public drinking and public policy; the impact of interventions

BIOLOGICAL STUDIES

on the prevalence of heavy drinking and overall consumption patterns; the longevity and physical health complications of alcohol consumption; sex differences in the prevalence and nature of alcohol and drug problems; and the extent and consequences of the use of psychotropic drugs, especially tranquilizers.

Among other contributions, the department has developed a strategy to prevent an increase in the prevalence of alcohol problems. It has had considerable impact on preventive efforts in Ontario and elsewhere.

The *Program Development Research Department* develops and tests specific prevention programs, such as drug education programs for primary and secondary schools, employee assistance programs for industries, and more effective approaches to the drinking/driving problem. In addition, the effects of particular drug control measures — such as those pertaining to the use of cannabis and narcotic drugs — are studied, and regular surveys are undertaken to monitor the prevalence of non-medical drug use in young people and adults.

Biobehavioral Research is working to answer three major questions. The first is: What are the rewards that lead certain people to consume large amounts of alcohol and other drugs? Here, the objective is to understand the brain mechanisms of reward that drugs trigger, in order to develop ways of treatment and procedures to block the rewarding effects and thereby to prevent addiction. The second question is: What changes in brain cells are responsible for development of tolerance and physical dependence in those who regularly consume large amounts of alcohol or other drugs, and how do these changes contribute to the severity of addiction? And the third question is: What causes the damage, especially to the brain and the liver, that results from the consumption of drugs? The objective in relation to these last two questions is to find ways of preventing or reversing the cellular changes, and thereby to reduce physical damage caused by addiction.

Finally, in addition to research, the Division provides certain services for other workers in the field. For instance, the *Drug Analysis Section* identifies "street drug" samples submitted by physicians, and the *Statistical Information Section* produces an annual report that brings together alcohol and drug statistics from a

range of local, national, and international sources. The report is widely used by governments, educators, social and health workers, the media, and the public. In addition, the *Statistical Information Section* maintains a collection of print and machine-readable databases on alcohol and drug statistics, which are systematically analysed.

Scientists in the Division contribute substantially to Foundation education, training, and advisory functions by teaching at the *School for Addiction Studies*, local universities, and community colleges. They also review educational materials for scientific accuracy, provide media interviews, answer inquiries from professional health workers, lawyers, students, and the general public, and respond to requests for updated reviews and expert advice from provincial and federal departments and such international bodies as the *World Health Organization*.

EDUCATION



Editor Anne MacLennan guides The Journal which, for more than a decade, has kept people informed monthly about developments in the field.

The Education Resources Division consists of two major sections:

- *Development and Production* oversees the development and final production of various educational materials. Included in this department are Print Publications, *The Journal*, and Audio-Visual Productions (which includes television programs).
- *Information and Promotion* is involved in the dissemination of information and in the promotion of Foundation programs. Sections within this department include Information Services, the Library, Special Events, Dial-A-Fact, Marketing Services, and Media Relations.

Both of these sections work closely with other Foundation divisions in the preparation, direction, and production of specific materials used for public information, public

RESOURCES

and school education, and professional development and training.

The ultimate goal of public information is to prevent harm caused by alcohol and other drug use. Transmitting knowledge to the public about the effects of alcohol and other drugs — and the consequences of their use on the individual, family, society, and culture — is an essential part of prevention.

The Division achieves this by tailoring its messages to specific audiences and by making full use of its various departments.

The Journal, a monthly science newspaper now in its second decade, keeps professionals, gatekeepers (persons who influence young people, including teachers and parents), opinion makers, and leaders in Ontario communities informed about drug and alcohol issues. It now has a world-wide correspondent network and readership.

The *Audio-Visual* department develops and produces video programs for various targeted audiences on specific topics dealing with alcohol and other drugs. Audio cassettes are

also produced both as public service announcements and for the Dial-A-Fact/Accès-aux-faits telephone service.

The *Print Publications* department reviews, edits, and manages production of pamphlets, books, and other print materials by providing creative direction and editorial expertise.

The *Media Relations* department works closely with the media in Ontario and beyond, initiating and responding to issues of public interest.

The *Marketing Services* department has a mail order operation to promote the distribution of Foundation products within Ontario. It also recovers costs by selling materials outside the province.

The *Library* acts as a resource centre for professionals, students, and the general public. It houses one of the world's best collections of alcohol and drug literature.

The *Special Events* department organizes public forums on topical issues, hosts special youth forums for

secondary school students, and supports the Foundation's public display program across the province.

The Education Resources Division also serves other ARF divisions and organizations within Ontario. It provides expert consultation in the communications area on alcohol and drug education, as well as personal consultation as part of its responsibility within a World Health Organization collaborating centre. The Division also works with other organizations to produce additional alcohol- and drug-related education materials.

SCHOOL FOR



This year, 85% of the more than 2,000 participants in the School's programs were from outside the Foundation.

The School for Addiction Studies at 8 May Street, Toronto, was established in 1978 as a focal point for Foundation training and development programs. Its programs are aimed at professionals in Ontario communities, at health-related divisions of colleges and universities, at selected students and professionals from other provinces and countries, and at staff of the Addiction Research Foundation.

On-site and off-site programs of the School attracted 2,078 participants in 1984-85. Thirty-two courses, workshops, and seminars at May Street were attended by 692 participants. Subjects included: Fundamental Concepts in the Field of Drug Dependence; Pharmacology and Drug Abuse; Basic Counselling Skills; Behavioral Interventions; Seminars for Scientists; Group Therapy; Relaxation and Stress Management; Perspectives on Employee Assistance Programming; Research Methodologies; Health Promotion; Alcohol, Other Drugs, and the Law; Alcohol and the Family; Marital and Family Therapy; Drinking/Driving Countermeasures;

ADDICTION STUDIES

and Orientation to Alcoholics Anonymous.

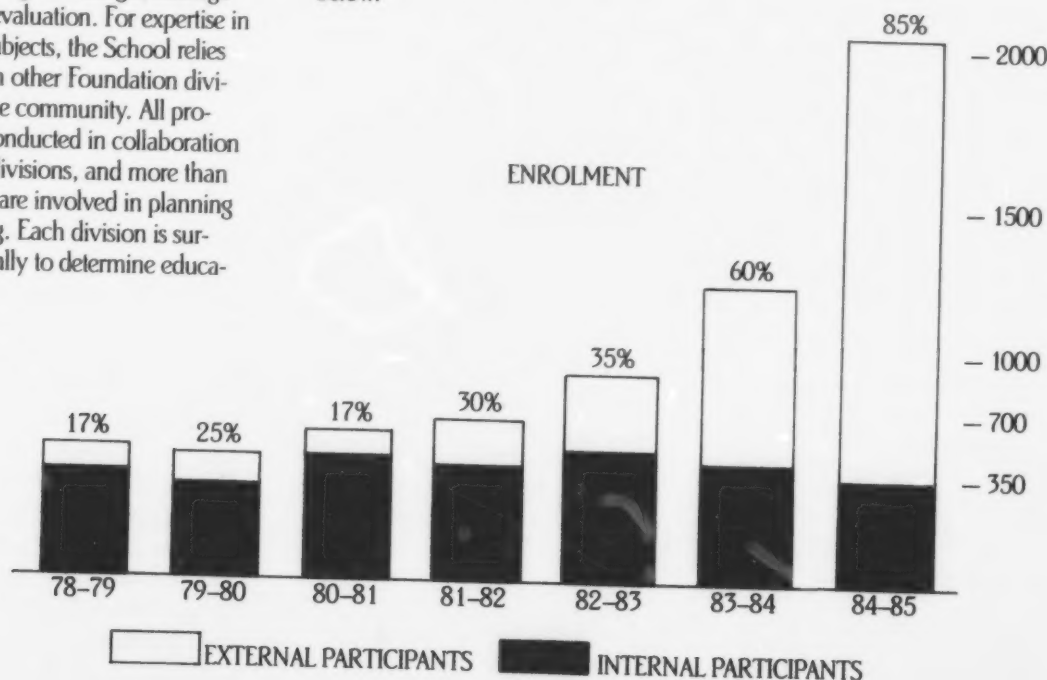
In collaboration, the School and the Community Services Division (CSD) conducted 37 programs for 1,386 participants to support CSD's development of community-based services across Ontario. In 1985-86, the School and the CSD will continue to develop extension education programs for personnel involved in treatment, health promotion, employee assistance programming, and school systems.

The School's relatively small full-time staff provides expertise in educational planning and design, management, and evaluation. For expertise in particular subjects, the School relies on staff from other Foundation divisions and the community. All programs are conducted in collaboration with other divisions, and more than 100 people are involved in planning and teaching. Each division is surveyed annually to determine educa-

tion needs in line with Foundation priorities and objectives.

The School also coordinates the Foundation's national and international training programs. Trainees come to the Foundation from many parts of the world. In 1984-85, the Foundation provided technical consultation for training programs in Nigeria, Thailand, and the Caribbean region.

In recent years, the School has attracted increasing numbers of participants from outside ARF. The proportion of external participants has increased dramatically from 1978 to 1985 as shown in the bar graph below.



COMMUNITY



ARF's Judy Keaney helps Jill Goebel, manager of the occupational health department at North York General Hospital, with the employee assistance program there. Fifty Ontario hospitals are now involved in program consultation with ARF EAP specialists.

The Foundation's statutory mandate to serve the communities of Ontario is achieved through the Community Services Division (formerly Regional Programs), which initiates a wide range of programs to prevent alcohol and drug problems and to identify, treat, and rehabilitate alcohol- and drug-dependent residents of Ontario.

In addition, hospitals, health care services, District Health Councils, employers, union leaders, school boards, social welfare agencies, parents, concerned citizen groups, and individuals in communities across Ontario frequently seek the assistance of the Division's 30 local offices in establishing treatment services, developing employee assistance programs, and conducting health promotion and public education programs.

Treatment Services

The Ministry of Health's policy to maintain high-quality, cost-effective health care by concentrating on community-based health care systems is reflected in the Foundation's model for treatment services. The objectives are to: (a) increase awareness of the importance of early identification; (b) promote standardized assessment techniques by physicians and by hospital and other health and social service personnel; and (c) ensure that needs related to alcohol and drug dependency are met, whenever possible, through the coordination, mobilization, or redeployment of existing community resources.

SERVICES

During 1984-85, approximately 40% of the Division's resources were allocated to more than 40 treatment services development projects across the province from Dryden to Metro Toronto, North Bay to Brockville, and including, among others, Kingston, North Cochrane, Windsor, Oshawa, Sarnia, St. Catharines, and Niagara. All projects were sanctioned by District Health Councils and/or other community agencies.

Since 1980, there has been a 225% increase in assessment/referral services (8 to 26); an 88% increase in community-based non-residential programs (57 to 107); and an overall increase of only 4 residential beds throughout Ontario, when in previous years there had been a rapid increase in such beds. These developments are consistent with the Foundation's advice to government and to the agencies of Ontario, as Foundation research has shown that non-residential treatment achieves results comparable to residential treatment and at a far lower cost per patient.

In significant measure, these outcomes are attributable to the efforts of managers and staff of the Community Services Division.

Employee Assistance Programs

Since addictions problems result in absenteeism, lateness, poor work, accidents, and low productivity, the

Community Services Division conducts, on a province-wide basis, a proactive program to combat the use and abuse of alcohol and other drugs in the occupational community.

The purpose of this program is to prevent addictions-related on-the-job problems and to identify, manage, and treat those employees who already have such problems. Also, numerous business organizations, public service agencies, unions, and other groups routinely seek help for addicted employees from the Community Services Division's local offices.

Policies relating to employee assistance programs (EAPs) are frequently developed and implemented with Foundation guidance. About 30% of the Division's resources are allocated to these programs. Division staff are working with more than 500 organizations to establish policies and to train representatives of management and labor to address worksite problems. These organizations "cover" 440,000 employees and fall within the following workplace sectors: manufacturing (46.5%); community, business, and personnel services (25.2%); public administration and defence (11.3%); transportation, communication, and other utilities (7.2%); other (9.8%).

During the 1984-85 fiscal year, 233 EAP training and promotional events were conducted by the Division for more than 6,000 management and union personnel.

In 1984-85 the Community Services Division:

- Implemented 21 EAPs in various occupational settings, such as health units in Eastern Ontario, North York General Hospital, the Proctor & Redfern Group, and Wrigley Canada Incorporated in Toronto.
- Developed and now regularly distributes ARF's EAP Newsletter, *ONSITE*, to more than 4,000 employers and union personnel in Ontario.
- Increased its EAP involvement with hospitals throughout Ontario by 117% (i.e., from 23 to 50 hospitals); this work involved developing policies, training staff, and promoting addictions materials.
- Developed a comprehensive EAP orientation package.
- Increased its involvement with EAP councils from seven to nine.

Health Promotion

About 30% of the Division's resources are allocated to community-based efforts in education and health promotion. This focus involves such activities as: developing alcohol and

COMMUNITY SERVICES (cont'd)

drug curricula for school boards, and training teachers in their use; assisting regional municipalities to develop policies to manage alcohol use; disseminating and promoting alcohol- and other drug-related materials; and conducting public presentations for concerned citizens, church groups, service clubs, and business associations.

Marijuana in schools, prescription drug abuse, alcohol use, and drinking and driving are a few examples of the topics covered.

Some of the work in 1984-85 in the field of public education and health promotion resulted in the following:

- The "Score on Cannabis" teachers' kit, containing a videotape, teacher's guide, pamphlets, and buttons, was made available and promoted to 82 school boards.
- A project entitled "School Education to Reduce Impaired Driving" was established as a pilot in two Hamilton-area schools. This received a favorable evaluation

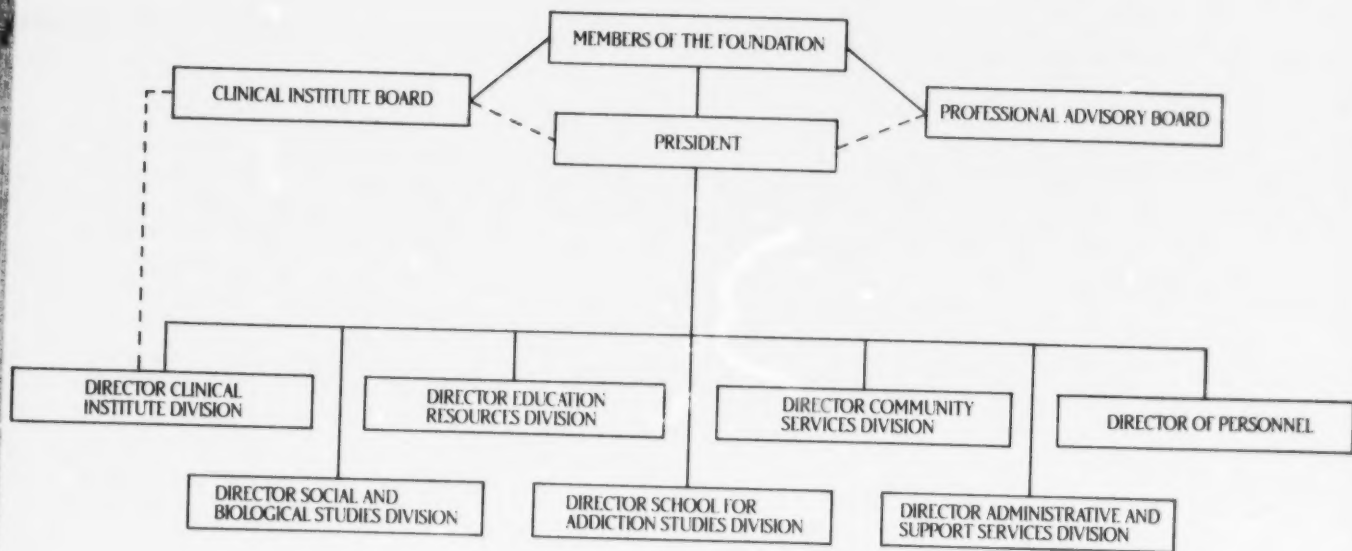
and endorsements to implement the program in 25 additional schools during the next academic year.

- Large public forums on driving while impaired were held in Sudbury, Ottawa, and Toronto.
- A "Programmer's Guide to Community-Based Countermeasures Against Drinking and Driving" was developed to provide communities with state-of-the-art advice on drinking and driving programs.

During the 1984-85 fiscal year, more than 800 presentations, workshops, forums, and training events were conducted by the local offices of the Community Services Division. These were attended by approximately 30,000 educators, health and social service personnel, and various community groups and service clubs.

ORGANIZATION,
OPERATIONS,
AND PUBLICATIONS

ORGANIZATION STRUCTURE



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**F.C. Buckley
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***W.P. Burchell
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**R.J. Butler
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P. Creighton
Toronto

**B. Eastman
Toronto

S.A. Folb
Toronto

*S. Gibson
Toronto

*J. McNeil
Toronto

D.W. Morison
Toronto

H.E. Richardson
Toronto

***C.D. Shepard
Ottawa

J.H. Sword
Toronto

R.E. Turner
Toronto

***D.C. Williams
London

*Appointed effective September 13, 1984

**Appointed effective January 17, 1985

***Term expired December 31, 1984

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SENIOR OFFICERS*

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Acting Director
Social and Biological Studies
Division

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L. Weiss
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OFFICES OF THE FOUNDATION

ARF Headquarters	33 Russell Street, Toronto, M5S 2S1	(416) 595-6000
Belleville	248 Bridge Street East, K8N 1P1	(613) 962-9482
Chatham	259 Wellington Street West, N7M 1J9	(519) 354-1000
Community Programs Evaluation Centre	c/o University of Western Ontario, London, N6A 5B9	(519) 679-3042
Community Services Division	33 Russell Street, 3rd Floor Tower, Toronto, M5S 2S1	(416) 595-6046
Cornwall	General Hospital, K6H 1Z5	(613) 932-3300 ext. 238
Durham	44 Bond Street West, 10th Floor, Oshawa, L1G 1A4	(416) 576-6277
Georgian Bay	100 Bell Farm Road, Barrie, L4M 4Y5	(705) 726-4976
Haltom	3425 Harvester Road, Suite 211, Burlington, L7N 3N1	(416) 632-2436
Hamilton	20 Hughson Street South, Suite 508, L8N 2A1	(416) 525-1250
Hamilton Regional Office	75 James Street South, 2nd Floor, L8P 2Y9	(416) 527-8166
Kapuskasing	19B Riverside Drive, P5N 1A4	(705) 335-6081
Kenora	P.O. Box 1040, 115 Chipman Street, P9N 1V7	(807) 468-6372
Kingston	309 Alfred Street, K7L 3S4	(613) 546-4266
Kitchener	639 King Street West, N2G 1C7	(519) 579-1310
London	414 Dufferin Avenue, N6B 1Z6	(519) 433-3171
Niagara	63 Church Street, Suite 410, St. Catharines, L2R 3C4	(416) 685-1361
North Bay	288 Worthington Street West, P2B 3B4	(705) 472-3850

Ottawa Regional Office	179 Colonnade Road South, Nepean, K2E 7J4	(613) 224-3604
Ottawa/Carleton	880 Wellington Street, Suite 800, K1R 6K7	(613) 238-8230
Owen Sound	County Bldg., 595 9th Avenue East, N4K 3E3	(519) 371-1861
Peel	165 Dundas Street West, Suite 602, Mississauga, L5B 2N6	(416) 270-1431
Pembroke	98 Pembroke Street, K8A 5M6	(613) 735-1023
Peterborough	223 Aylmer Street North, K9J 3K3	(705) 748-9830
Samia	265 North Front Street, Suite 106E, N7T 5S6	(519) 337-9611
Sault Ste. Marie	464 Albert Street East, Walrus II, P6A 2J8	(705) 256-2226
Simcoe	191 Queensway West, Suite 1, N3Y 2M8	(519) 426-7260
Sudbury Regional Office	144 Pine Street, Suite 203, P3C 1X3	(705) 675-1181
Sudbury	144 Pine Street, Suite 203, P3C 1X3	(705) 675-1195
Thunder Bay	505 North Lillie Street, P7C 4Y8	(807) 622-0609
Timmins	119 Pine Street South, Pine Plaza, P4N 2K3	(705) 267-6419
Windsor	2090 Wyandotte Street East, N8Y 1E6	(519) 253-1146
<i>Toronto</i>		
Metro Toronto Regional Office	175 College Street, M5T 1P8	(416) 595-6020
Northeast Metro	175 College Street, M5T 1P8	(416) 595-6035
West/Central Metro	175 College Street, M5T 1P8	(416) 595-6090
MTR/EAP Centre	175 College Street, M5T 1P8	(416) 595-6028

STATEMENT OF OPERATIONS BY PROGRAM

DIVISION	PROGRAM			
	RESEARCH			
	TREATMENT RESEARCH		PRIMARY PREVENTIVE STUDIES	
	BIOMEDICAL	BEHAVIORAL	BIOLOGICAL	SOCIAL
SOCIAL & BIOLOGICAL STUDIES	—	—	1,199,640	1,461,477
CLINICAL INSTITUTE	1,295,000	1,430,000	635,000	1,475,000
COMMUNITY SERVICES**	—	—	—	600,552
EDUCATION RESOURCES	—	—	—	—
SCHOOL FOR ADDICTION STUDIES	—	—	—	—
	1,295,000	1,430,000	1,834,640	3,537,029
	2,725,000		5,371,669	
FUNCTION TOTALS	8,096,669 (26.1%)			
HIGH PRIORITY NON-RECURRING PROGRAMS				
EXECUTIVE & ADMINISTRATION***				
OPERATING TOTAL				

*Includes Employee Assistance Programs.

**Formerly Regional Programs.

***The Executive and Administration Divisions consist of all senior administrative staff and all centralized support services for the Foundation. Included in the expenditures are renovations to owned properties and all capital acquisitions.

FUNCTION FOR 1984-85 FISCAL YEAR

FUNCTION				(IN DOLLARS)	
TREATMENT		EDUCATION/TRAINING		DIVISION TOTALS	
DIRECT SERVICES	TREATMENT SERVICES DEVELOPMENT*	PUBLIC	PROFESSIONAL		
—	—	—	10,688	2,671,805	8.6%
3,686,419	—	—	1,460,000	9,981,419	32.0%
124,746	3,504,469	1,597,836	989,104	6,816,707	21.9%
—	—	1,514,590	923,299	2,437,889	7.9%
235,328	—	—	705,985	941,313	3.0%
4,046,493	3,504,469	3,112,426	4,089,076		
7,550,962	(24.2%)	7,201,502	(23.1%)	22,849,133	73.4%
				1,316,538	4.2%
				6,988,905	22.4%
				31,154,576	100.0%
INCOME FROM DIVISION DEPARTMENTS				1,631,724	
INCOME, MINISTRY OF HEALTH GRANTS				28,463,546	
EXCESS OF EXPENSE OVER INCOME				1,059,306	

GRANTS AND DONATIONS

The Foundation gratefully acknowledges grants and donations received during 1984-85.

Grants

Canadian International Development Agency

- Thailand Training
- Community Development, Hill Tribe — Thailand

World Health Organization

- Analysis of Tar, Nicotine, and Carbon Monoxide in Cigarette Smoke

Civil Service Commission

Ontario Public Service Employees' Union

- Joint Employee Assistance Program

Health & Welfare Canada

- Counselling Skills Manuals
- Youth and Substance Abuse Proceedings

Health and Welfare Canada

Alberta Liquor Control Board

Alberta Alcoholism and Drug Abuse Commission

- Jointly Sponsored Symposium on Observation Studies

U.S. National Institutes of Health — NIAAA

- Reversibility of Brain Damage

H. Lundbeck & Co.

- Citalopram Effects on Heavy Social Drinkers

Canadian Psychological Association

- *Canadian Psychology* Publication

Alcoholic Beverage Medical Research Foundation

- Effects of Ethanol on Excitable Membrane Function of Cerebellar Purkinje Cells in Rats

Merck Sharp & Dohme Ltd.

Bristol-Myers Co.

- Joint Project on Alcohol Consumption and Withdrawal

Cyanamid Canada Inc.

- Temposil Clinical Trial

Canadian Conference on Motor Transport Administrators

- *Canadian Transportation Safety Professionals Directory*

Toronto Blue Jays

- Drugs in Sports Video

American Cyanamid Co.

- Research Advances Symposium

The Law Foundation of Ontario

- *Drug and Alcohol Law for Canadians Handbook*

Supply and Services Canada

- Study on the Treatment Outcome Research Project

Canadian Psychiatric Research Foundation

- Research on Prevalence of Psychiatric Disorders in Patients with Alcohol and Drug Problems

University of Connecticut Health Center

- ADAMHA/WHO Project on Drug Dependence Syndrome

Natural Science and Engineering Research Council of Canada

- Acquisition and Loss of Drug Tolerance

Donations

Dial-A-Fact (20 corporate contributions)

In Memory — Dr. Ruth Segal (23 donations)

In Memory (116 donations)

Offender Restitution (2 donations)

Work of the Foundation (51 donations)

FOUNDATION VISITORS

The Foundation's primary responsibility is to the people of Ontario, and each year thousands of individuals call, write to, and visit its headquarters and School for Addiction Studies in Toronto and its offices across the province. However, because of its international reputation and its role as a World Health Organization collaborating centre, hundreds of people from other provinces and other countries also seek advice and training. This partial list of visitors in 1984-85 gives an idea of the Foundation's influence beyond Ontario.

Visitors from Other Provinces

Prof. Anastiou
University of British Columbia
Vancouver, British Columbia

Dr. Frederic Bass
University of British Columbia
Vancouver, British Columbia

Ms Eve Beck
Alcohol & Drug Dependency
Commission of Newfoundland
& Labrador
St. John's, Newfoundland

Dr. Alan Boulton
University of Saskatchewan
Saskatoon, Saskatchewan

Ms Novia Carter
Alcoholism Foundation of Manitoba
Winnipeg, Manitoba

Dr. Michel Chrétien
Institut de Recherches Cliniques
de Montréal
Montréal, Québec

Dr. C. de Montigny
Hôpital Louis-H. Lafontaine
Montréal, Québec

Mr. Howard Greenstein
Saskatchewan Alcoholism Commission
Regina, Saskatchewan

Mr. Greg Johnston
Nova Scotia Commission on Drug
Dependency
Halifax, Nova Scotia

Mr. Pierre Lamarche
Direction de la Promotion de la Santé
Montréal, Québec

Ms Louise Nadeau
Université de Montréal
Montréal, Québec

Dr. Juan Carlos Negrete
McGill University
Montréal, Québec

Dr. Corneil Radouco-Thomas
Université Laval
Québec City, Québec

Dr. Beverly Riddell
Coordinated Law Enforcement Unit
Victoria, British Columbia

Mr. Lloyd Rosell
North Island Alcohol and Drug
Education and Information Society
Campbell River, British Columbia

Mr. Jan Skirrow
Alberta Alcoholism and Drug Abuse
Commission
Edmonton, Alberta

Visitors from the United States

Ms Debbie Adams
Northeastern Oklahoma Council
on Alcoholism
Miami, Oklahoma

Prof. Marcia Andersen
Wayne State University
Detroit, Michigan

Prof. Irwin M. Arias
Tufts University
Boston, Massachusetts

Prof. Charles Bayley
University of Michigan
Flint, Michigan
(and 15 students)

Dr. Neal L. Benowitz
University of California
San Francisco, California

Dr. John Finney
Stanford University School of Medicine
Stanford, California

Dr. Paul Haberman
Department of Law and Public Safety
Leonia, New Jersey

Dr. Harold Holder
Human Ecology Institute
Chapel Hill, North Carolina

Dr. Michael Jacobson
Center for Science in the Public Interest
Washington, D.C.

Dr. Martin I. Kurke
Select Committee on Narcotics Abuse
and Control
U.S. House of Representatives
Washington, D.C.

Dr. David Lane
University of Minnesota
Minneapolis, Minnesota

Dr. Louis Lemberger
Lilly Research Laboratories
Indianapolis, Indiana

Prof. Victoria Markellis
State University of New York
Brockport, New York
(and 35 students)

Mr. Kirt Norton
Curriculum Specialist
Bloomington, Illinois

Dr. Steven Paul
NIMH
Bethesda, Maryland

Mr. James Peters
Intermission, Ltd.
Northampton, Massachusetts

Mr. Nicholas Rizzo
Margaret A. Stutzman Alcoholism
Treatment Center
Buffalo, New York
(and 5 staff members)

Mr. Robert Reynolds
Department of Health Services
County of San Diego, California

Dr. Robin Room
Alcohol Research Group
Berkeley, California

Dr. Marge Schweri
NIADD/NIH
Bethesda, Maryland

Dr. Connie Weisner
Alcohol Research Group
Berkeley, California

Dr. Friedner Wittman
Prevention Research Center
Berkeley, California

Visitors from Other Countries

Australia

Mr. John Cornwall
Minister of Health for South Australia
Adelaide

Mr. Barry Mewes
New South Wales Department
of Health
Sydney

Barbados

Mr. Seymour Barnes
Pan-American Health Organization
Bridgetown

Bermuda

Dr. Ann Guthrie
St. Brendan's Hospital
Hamilton

Chile

Dr. Ramon Florenzano
Universidad de Chile
Santiago

Denmark

Dr. M.N.G. Dukes
Regional Office for Europe, WHO
Copenhagen

England

Mr. Michael Abel
Alcohol Recovery Project
London

Dr. David A. Goldberg
University of Manchester
Manchester

Prof. Rosemary Kent
University of Kent

Dr. Gloria K. Litman
Institute of Psychiatry
London

Dr. John Littleton
King's College
London

Finland

Dr. Elina Haavio-Mannila
University of Finland
Helsinki

Mr. Rauno Kervinen
Deputy Town Clerk
Helsinki

Dr. Kalervo Kiiänmaa
Finnish State Alcohol Monopoly
Helsinki

Dr. Kai Lindros
Finnish State Alcohol Monopoly
Helsinki

Mr. Esa Österberg
Social Research Institute of
Alcohol Studies
Helsinki

Mr. Matti Toivola
Organization Planner
Helsinki

Mr. Heikki S. Von Hertzen
Deputy Mayor for Personnel and
Social Affairs
Helsinki

Germany

Prof. J. Christian Bode
Robert-Bosch-Krankenhaus
Stuttgart

Greece

Dr. Dimitra Madianou
Eginition Hospital
Athens

Iceland

Dr. Alma Anna Thorarinsson
National University Hospital
Reykjavik

India

Lt.-Col. N.R. Bery
Bombay

Israel

Prof. Felix Bergman
Hebrew University
Jerusalem

Dr. Stanley Einstein
Jerusalem

Dr. Moshe Kushnir
Israel Institute for Biological Research
Ness-Ziona

Mexico

Dr. Marcos Rojkind
Center for Advanced Studies
Mexico City

New Zealand

Prof. Robert Lavery
University of Otago Medical School
Dunedin

Norway

Dr. Hans Olan Fekjaer
Oslo Municipal Council of Health
Oslo

Dr. Ole-Jørgen Skog
National Institute for Alcohol Research
Oslo

Portugal

Prof. Aires Gameiro

South Africa

Dr. J. Starker
South African Chamber of Mines

Sri Lanka

Dr. Nalaka Mendis
University of Colombo
Colombo

Trinidad and Tobago

Mr. Frank Dolly
National Council on Alcoholism
Port of Spain

Mr. Lincoln Ogeer
Alcohol Rehabilitation Officer
Port of Spain

Mr. Lionel Renny
National Council on Alcoholism
Port of Spain

Zimbabwe

Mr. John Petko
ZACRO
Harare

ARF STAFF PUBLICATIONS

Journal Articles, Abstracts, Theses, Books, and Book Chapters

1. Adrian M [Contributor]. *Alcohol in Canada: a national perspective*. 5th ed. Ottawa: Health and Welfare Canada, 1984:110.
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